



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 06 SITE NUMBER (to be assigned by HQ) LA 01317 LA 1317

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME D-11 Gemoco (Chromalloy)		B. STREET (or other identifier) 202 Industrial Blvd	
C. CITY Houma	D. STATE LA	E. ZIP CODE 70360	F. COUNTY NAME Terrebonne Parish
G. OWNER/OPERATOR (if known) 1. NAME Chromalloy American Corp., St. Louis, Mo 63105		2. TELEPHONE NUMBER (314) 726-9200 Houma # 504-872-3266	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Gemoco constructs and paints oil drilling support equipment in Houma, LA. The facility is classified as a hazardous waste generator under Act 449 and the Hazardous Waste Management Program Rules and Regulations. (Attachment A) Louisiana Louisiana			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Part of the old Delta Iron Works listed on the WAPORA File 'D' (Attachment D)			K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME Bill Hughes Frank Dautriel		2. TELEPHONE NUMBER (504) 342-1227	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Deborah A. Vaughn 2. TELEPHONE NUMBER (214) 742-4521 3. DATE (mo., day, & yr.) 3-11-81		

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 3499	
C. AREA OF SITE (in acres) 10.97	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 29° 34' 20" N 2. LONGITUDE (deg.-min.-sec.) 90° 42' 8" W
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): office and Plant Bldg.	

9418080



Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify): Refer to Storage facilities Site inspection Report accompanies report.		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Wastes generated on site are stored in 55 gallon drums, behind the metal fabricating bldg. (on-site). The wastes are separated and labeled according to DOT regulations, and it appears that the drums in good conditions with no leakage. The company is awaiting DOT placards to be used for identification of the drums. The drums are being stored on-site until a state approved disposal facility can be found located. (see attached panorama)

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☒ 3. IGNITABLE ☐ 4. RADIOACTIVE ☒ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes - Manifests are kept at the facility;

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT .5	AMOUNT 3.7	AMOUNT .2	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE Tons per year	UNIT OF MEASURE Tons per year	UNIT OF MEASURE Tons per year	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	X (2) OTHER (specify): Lubricating oils	X (2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		X (3) OTHER (specify): Chlorinated hydrocarbons	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE	metal prep.		(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

(See Attachment A)

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

- 1) Chlorinated Hydrocarbons - degreasers
- 2) Oily wastes
- 3) Non-Halogenated solvents

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Prior to the manifest system Gemoco transported their own wastes to the Terrebonne Parish Landfill.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

None Required - See Attachment A, B, & C.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER

☒ 10. OTHER (specify): Manifest identification number is GT-361; issued by the state

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION

Answer and Explain
as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE

☒ YES ☐ NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE

☐ YES ☒ NO

3. EVIDENCE OF LEAKAGE/OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment)

☐ YES ☒ NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS

30 to 40 55 gallon drums

5. GLASS OR PLASTIC STORAGE CONTAINERS USED

☐ YES ☒ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS

None

7. NOTE LABELING ON CONTAINERS

Labeling follows D.O.T. guidelines

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)

☐ YES ☒ NO

9. DIRECT VENTING OF STORAGE TANKS

☐ YES ☐ NO

N/A

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES

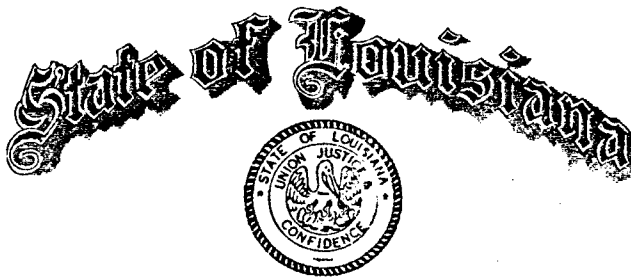
☐ YES ☐ NO

N/A

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS

☐ YES ☐ NO

N/A



FRANK A. ASHBY, JR.
SECRETARY
B. JIM PORTER
ASSISTANT SECRETARY

DEPARTMENT OF NATURAL RESOURCES
OFFICE OF ENVIRONMENTAL AFFAIRS
HAZARDOUS WASTE MANAGEMENT DIVISION

GERALD D. HEALY, JR.
ADMINISTRATOR

September 8, 1980

Mr. Vic Sevier, President
Gemoco Division of Chromalloy
Post Office Box 7036
Houma, Louisiana 70361

Dear Mr. Sevier:

We are in receipt of the Hazardous Waste Management Notification Form as submitted to this Department by your firm. On the basis of the information provided, we have determined that your firm's facility is a "generator" as defined by Act 449 of the 1979 Legislature and the Hazardous Waste Management Program Rules and Regulations.

No permit is required of the facility. However, the requirements contained in Section 5.4 et seq. of the rules and regulations are applicable. The identification number for your firm's facility is GT-361 and should be used on each of the manifest forms.

We are enclosing a copy of a portion of the notification form you previously submitted denoting this Department's assignment of waste numbers to each of the wastes that you reported. The waste numbers are to be used as a part of the manifest system for those wastes that are transported and disposed of off-site. Please note that in accordance with the regulations, all wastes in Categories I and II are considered hazardous.

The regulations that pertain to transporters will be administered by the Department of Public Safety. The Department of Public Safety will assign a transporter identification number for your operation.

Please note that in reference to Section 5.4, the Manifest System, you are required to submit quarterly reports to the Department of Natural Resources, Hazardous Waste Division.

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

CONNIE WASMUTH
Permit Section
Hazardous Waste Management Division

CW:cg

P.O. BOX 44066 . BATON ROUGE, LOUISIANA 70804 . PHONE 504/342-1227

Enclosure

A. Waste Number 361-01	B. Hazardous Waste Name Chlorinated Hydrocarbons - Degreasers			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 3	EPA Designation 40	Physical State 2	Degree of Care 3	.10

A. Waste Number 361-02	B. Hazardous Waste Name Non Halogenated solvents			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 3	EPA Designation 40	Physical State 2	Degree of Care 3	.10

A. Waste Number 361-03	B. Hazardous Waste Name Lubricating Oil			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 1	EPA Designation 10	Physical State 1	Degree of Care 7	.20

A. Waste Number 361-04	B. Hazardous Waste Name Cutting Oil w/cuttings			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 1	EPA Designation 10	Physical State 1 and 5	Degree of Care 7	5.00

A. Waste Number 361-05	B. Hazardous Waste Name Paint			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 1	EPA Designation 10	Physical State 9	Degree of Care 7	.50

A. Waste Number 361-06	B. Hazardous Waste, Name Quench oil w/sludge			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 1	EPA Designation 10 & 40	Physical State 1	Degree of Care 3	8.0

A. Waste Number 361-07	B. Hazardous Waste Name Metal Prep			C. Confidential Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category 1	EPA Designation 20	Physical State 2 and 5	Degree of Care 2	2.5

A. Waste Number	B. Hazardous Waste Name			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Hazard Class				E. Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

LOUISIANA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE POLICE

APPLICATION FOR HAZARDOUS WASTE TRANSPORTATION
IDENTIFICATION CODE

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

ZIP _____

TELEPHONE _____

GEOGRAPHICAL LOCATION _____

1. _____

2. _____

DESCRIPTION AND ESTIMATED QUANTITIES OF WASTE HANDLED ANNUALLY

Liquids _____

Gas _____

Sludges _____

Radioactive _____

Dry _____

Other _____

Total Number of transportation units in your operation _____

No. of units in your operation designed for clean-up or waste salvage _____

Financial responsibility, minimum continuous coverage of \$300,000 public liability and \$200,000 property damage:

Carrier No. 1 _____

Carrier No. 2 _____

☐ Self Insurance Statement Attached

I have examined this application and affirm it to be true and accurate to the best of my knowledge. I am aware of the penalties for submitting false information, including the possibility of fine/imprisonment and/or denial, suspension or revocation of Identification Code which is necessary to transport hazardous waste.

Name of Company _____

FOR DEPARTMENT USE

IDENTIFICATION CODE NO. _____

DATE RECEIVED _____

CHECKED BY _____

Signature _____

NAME/TITLE (Printed/Typed) _____

DATE SIGNED _____

AFTER COMPLETING THIS FORM, MAIL TO:

HAZARDOUS SUBSTANCES UNIT
P.O. BOX 66614
DSP-21
BATON ROUGE, LOUISIANA 70896

GENERAL

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

it in the designated space. Review information carefully; if any of it is missing, cross through it and enter the correct information in the appropriate fill-in area below. If the preprinted data is absent (one of the items on the left of the label space lists data that should appear), please provide the proper fill-in area(s) below. If the data is complete and correct, you need not provide items I, III, V, and VI (except where noted). Items must be completed regardless of whether items I, III, V, and VI are provided. Refer to the instructions for detailed definitions and for the legal authorities under which this data is collected.

H. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
	YES	NO	FORM ATTACHED				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 **SKIP** GEMOCO A CHROMA LLOY COMPANY

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2 SEVIER, VICTOR, PRESIDENT

B. PHONE (area code & no.)

504 872 3266

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 P.O. BOX 7036

B. CITY OR TOWN

4 HOUMA

C. STATE

LA

D. ZIP CODE

70361

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 202 INDUSTRIAL BLVD

B. COUNTY NAME

TERREBONNE

C. CITY OR TOWN

6 HOUMA

D. STATE

LA

E. ZIP CODE

70360

F. COUNTY CODE (if known)

A. FIRST										B. SECOND																			
(specify)										(specify)																			
7 3 5 3 3 MANUFACTURE OIL WELL CEMENTING TOOLS										7 1 3 8 9 RENT PIPE HANDLING TOOLS																			
C. THIRD										D. FOURTH																			
(specify)										(specify)																			
7										7																			
III. OPERATOR INFORMATION																													
A. NAME																		B. Is the name listed in Item VIII-A also the owner?											
CHROMALLOY AMERICAN CORPORATION																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																		D. PHONE (area code & no.)											
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																		C A 3 1 4 7 2 6 9 2 0 0											
E. STREET OR P.O. BOX																													
120 SOUTH CENTRAL AVE.																													
F. CITY OR TOWN																		G. STATE		H. ZIP CODE		IX. INDIAN LAND							
ST. LOUIS																		MO		6 3 1 0 5		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
K. EXISTING ENVIRONMENTAL PERMITS																													
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																			
N NONE										9 P																			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																			
U NONE										(specify)																			
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																			
R NONE										(specify)																			
L. MAP																													
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.																													
M. NATURE OF BUSINESS (provide a brief description)																													
1. METAL BENDING, HEAT TREATING AND WELDING FACILITY																													
2. METAL CUTTING, RESURFACING AND RECONDITIONING FACILITY																													
3. FOR OIL FIELD APPLICATION																													
N. CERTIFICATION (see instructions)																													
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																													
O. NAME & OFFICIAL TITLE (type or print)										P. SIGNATURE										Q. DATE SIGNED									
VICTOR H. SEVIER, JR. -- PRESIDENT										Victor H. Sevier, Jr.										11-6-80									
R. COMMENTS FOR OFFICIAL USE ONLY																													
A Form 3510-1 (6-80) REVERSE																													



HOUMA

BOUNDARY LINE

GENCO

1. NO INTAKE STRUCTURES
2. STORAGE BUILDING MARKED.
3. NO WELLS
4. SEC 12 T 8 N R 16 E



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

LADD2087545

GENOCO DIVISION
PO BOX 7036
HOUMA

LA 70361

INSTALLATION ADDRESS

202 IND BLVD
HOUMA

LA 70361



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VI

1201 ELM STREET

DALLAS, TEXAS 75270


NOTICE

Under the Resource Conservation & Recovery Act (RCRA) regulations that were promulgated on May 19, 1980, all Part A applications must be completed and submitted to the Environmental Protection Agency by November 19, 1980. Failure to do so will endanger interim status and may result in enforcement action if the facility continues to handle hazardous waste after this date. The Part A packages may be obtained through the Regional Office at the address below:

EPA, Region VI
6AEP
1st International Bldg.
1201 Elm Street
Dallas, Texas 75270
214/767-2765

The Part A application is comprised of Forms 1 & 3. Both of these forms must be submitted at the same time and Form 3 must contain the signatures of the owner as well as the operator of the facility. In addition, all processes and all wastes that the facility receives or handles must be included in the permit application. Facilities may only handle the hazardous wastes and employ the processes described in the Part A application. Also, please note that Congress has approved the amendment that "in-existence" facilities are those who were operating before November 19, 1980.

Persons wishing assistance with the Part A application may contact Mrs. Erika Bennett at the above address and/or telephone number.

UNITED STATES 
ENVIRONMENTAL PROTECTION AGENCY
FIRST INTERNATIONAL BUILDING, 1201 ELM STREET
DALLAS, TEXAS 75270

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300
An Equal Opportunity Employer

POSTAGE AND FEES PAID
U.S. ENVIRONMENTAL PROTECTION AGENCY
EPA-335



LAD020875456
GEMOCO DIVISION
VIC SEVIER PRESIDENT
PO BOX 7036
HOUMA

LA 70361

Photographer / Witness

D. Vaughan / S. Durcan

Date / Time / Direction

3-11-81 / 1407h / NE

Comments: panorama of waste
drum storage area.

Negatives 14 through 17 make up
the panorama

Photographer / Witness

Date / Time / Direction

Comments: _____

Photographer / Witness

Date / Time / Direction

Comments: _____

